

OCT 1 1997

FOR OFFICIAL USE ONLY

APPENDIX K

-- NMPS DEMOBILIZATION CHECK LIST--

NMPS DEMOBILIZATION PROCESSING FOR SELECTED RESERVISTS

NOTE: ALL ITEMS MUST BE FILLED OUT PRIOR TO RESERVIST DEPARTING THE NMPS.

NAME: _____ RANK/RATE: _____
 SSN/DESIGNATOR: _____ SEX: M _____ F _____
 UNIT ASSIGNED: _____ UIC: _____
 DUTY STATION DEPARTING: _____ UIC: _____

A. PSD REQUIREMENTS:

	YES	NO	N/A
1. RESERVIST OUTPROCESSED THROUGH CRC (JPOM), IAW OPERATION GUIDANCE?			
2. OFFICER AND ENLISTED SEPARATION CODES ENTERED IN OPINS AND NCS?			
3. RESERVIST'S LEAVE CLOSED OUT?			
4. RESERVIST ISSUED VALID RESERVE ID CARD?			
5. CLOSE THE MMPA INCLUDING COMPLETION OF THE FORECAST SEPARATION PAY COMPUTATION.			
6. RESERVIST HAS SERVICE RECORD IN HAND?			
a. ANY DISCIPLINARY ACTION PENDING (CHECK SERVICE RECORD FOR NOTATION)?			
b. SANCTUARY SCREENING (IS RESERVIST WITHIN 2 YEARS OF BECOMING ELIGIBLE FOR RETAINER OR RETIRED PAY, BASED ON 20 YEARS OF ACTIVE MILITARY SERVICE AND MAXIMUM AGE IAW BUPERSINST 1001.39B SEC. 105)?			
7. RESERVIST HAS PROPERLY ENDORSED ORDERS IN HAND?			
8. RESERVIST HAS TICKETS FOR TRANSPORTATION TO NRA?			
9. TRAVEL CLAIM LIQUIDATED?			
10. RESERVIST PAID TO DATE UPON RELEASE?			
11. RESERVIST ISSUED DD-214 ?			

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	YES	NO	N/A
12. RESERVIST HAS BEEN OUT-PROCESSED AND NO FURTHER ACTION PENDING. IF NO, DOCUMENT PENDING ACTION:			

SIGNATURE OF CERTIFYING PSD OFFICIAL: _____

PRINTED NAME/PHONE NUMBER: _____

DATE/TIME: _____

B. MEDICAL REQUIREMENTS:

	YES	NO	N/A
1. RESERVIST HAS MEDICAL RECORDS IN HAND?			
2. RESERVIST RECEIVED COMPLETE SEPARATION PHYSICAL EXAMINATION BEFORE SEPARATION (PER MANUAL OF THE MEDICAL DEPARTMENT, CHANGE 110, ARTICLE 15-28, PARA 7B)? *			
3. RESERVISTS ASSIGNED TO AOR HAVE MET SPECIAL MEDICAL EXAMINATION REQUIREMENTS AND RECORD IS ANNOTATED?			
4. HIV TEST RECORDED AND CURRENT?			
5. ANY MEDICAL CONDITION REQUIRING RESERVIST BE PLACED IN A HOLD STATUS? EXPLAIN: (IF RESERVIST IS PLACED ON MEDICAL HOLD CONTACT BUPERS (PERS-922)).			
6. RESERVIST'S FOLLOW-ON MEDICAL ELIGIBILITY EXPLAINED?			

* NOTE FOR MEDICAL OFFICIAL: THIS RESERVIST IS ON ACTIVE DUTY, **NOT ACTIVE DUTY FOR TRAINING**, AND THEREFORE REQUIRES A **COMPLETE** MEDICAL EXAMINATION REGARDLESS OF PERIOD SERVED. REPORT ANY HOLDS OF 7 DAYS OR MORE TO BUPERS (PERS 3, 9, 10), INFO COMNAVRESFOR (N32) AND BUMED (05/07) AND INCLUDE IDC CODE.

SIGNATURE OF CERTIFYING MEDICAL OFFICIAL: _____

PRINTED NAME/PHONE NUMBER: _____

DATE/TIME: _____

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C. DENTAL REQUIREMENTS:

	YES	NO	N/A
1. RESERVIST HAS DENTAL RECORD IN HAND?			
2. RESERVIST RECEIVED COMPLETE SEPARATION DENTAL EXAMINATION BEFORE SEPARATION (PER MANUAL OF THE MEDICAL DEPARTMENT, CHANGE 110, ARTICLE 15-28, PARA 7B)?*			
3. ANY DENTAL CONDITION REQUIRING RESERVIST BE PLACED IN A HOLD STATUS? EXPLAIN:			

* NOTE FOR DENTAL OFFICIAL: THIS RESERVIST IS ON ACTIVE DUTY, **NOT ACTIVE DUTY** FOR TRAINING, AND THEREFORE REQUIRES A **COMPLETE** DENTAL EXAMINATION REGARDLESS OF PERIOD SERVED. REPORT ANY HOLDS OF 7 DAYS OR MORE TO BUPERS (PERS 3, 9, 10), INFO COMNAVRESFOR (N32) AND BUMED (05/07) AND INCLUDE IDC CODE.

SIGNATURE OF CERTIFYING DENTAL OFFICIAL: _____

PRINTED NAME/PHONE NUMBER: _____

DATE/TIME: _____

D. LEGAL REQUIREMENTS:

	YES	NO	N/A
1. RESERVIST DESIRES A REVIEW OF THE UNIFORM SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT (USERRA)?			

SIGNATURE OF CERTIFYING LEGAL OFFICIAL: _____

PRINTED NAME/PHONE NUMBER: _____

DATE/TIME: _____

E. FAMILY SERVICE CENTER (FSC) REQUIREMENTS:

	YES	NO	N/A
1. FAMILY SERVICE CENTER BRIEFS ON DOD AND NAVY PROGRAMS RESERVISTS AND THEIR FAMILIES ARE ELIGIBLE FOR AS A RESULT OF RECALL?			

SIGNATURE OF CERTIFYING FSC OFFICIAL: _____

PRINTED NAME/PHONE NUMBER: _____

DATE/TIME: _____

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F. FINAL NMPS ISSUES:

	YES	NO	N/A
1. RESERVIST RETURNED ORIGINAL GEAR TO SUPPLY IF ISSUED AT NMPS?			
2. ORDERS AND SERVICE, MEDICAL AND DENTAL RECORDS WITH RESERVIST?			
3. NMPS HAS COMPLETED ALL DEMOBILIZATION REQUIREMENTS AND RESERVIST IS READY TO REPORT BACK TO HIS/HER NRA?			
4. RESERVIST INCLUDED IN A PERSONNEL TRANSFER REPORT IDENTIFYING RESERVISTS COMPLETING DEMOBILIZATION AND HIS/HER EXPECTED REPORT DATE TO THE NRA?			
5. RESERVIST INCLUDED IN THE MOBILIZATION AND/OR ADSW STATUS REPORT TO CNO (N1)?			
6. RESERVIST BRIEFED ON FOLLOW-ON NRA TRAVEL PLANS AND ETA ?			
7. RESERVIST PROVIDED WITH FOLLOW-ON NRA CONTACT PHONE NUMBER FOR ENROUTE DELAYS: _____ _____ _____			
8. RESERVIST PROVIDED TWO COPIES OF COMPLETED DEMOBILIZATION CHECKLIST (ONE TO RETAIN AND ONE TO PROVIDE TO NRA)? FOR PIMS, PLACE NRA COPY IN THEIR SERVICE RECORD. THE COMPLETED ORIGINAL DEMOBILIZATION CHECKLIST IS RETAINED AT THE NMPS IN THE RESERVIST'S PERSONAL RECALL FILE.			

SIGNATURE OF CERTIFYING NMPS OFFICIAL: _____

PRINTED NAME/PHONE NUMBER: _____

SIGNATURE OF RESERVIST: _____

DATE/TIME: _____